BEST AVAILABLE COPY

500.41280X00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	S. ISHIHARA, et al.
Application No:	10/082,183
Filed:	February 26, 2002
Title:	ORGANIC LIGHT EMITTING ELEMENT AND DISPLAY DEVICE USING ORGANIC LIGHT EMITTING ELEMENT
Art Unit:	2875
Examiner:	S. Krishnan

AMENDMENT

Commissioner for Patents   July 2, 2004
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated February 2, 2004, the period of response for which extension is requested by the attached Petition for Extension of Time, please amend the above-identified application as listed below and as set forth on the following pages:

Amendments to the Claims;

Remarks are included following the amendments.

07/23/2004 JMURPHY 00000001 012135   10082183
01 FC:1202   396.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10082183

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	23	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	23 minus 20=	* 3
INDEPENDENT CLAIMS	5 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	354.9
X42=		OR	X84=	168.5
+140=		OR	+280=	
TOTAL		OR	TOTAL	5962.9

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 45	Minus	** 23	= 22
Independent	* 3	Minus	*** 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	396
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY